0 PRI 10:26 FAX 12489888363 →-- USPTO-ISSUE FEES

APR U 4 2008

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-145

|   | ·  |  |  | exandria, Virgi<br>11)-273-2885  | inia 223  | 313-1450   |   |
|---|--|--|--|--|---|--|---|
| INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifics   | s form should be used for<br>correspondence including<br>ted below or directed othe<br>ations.   | transmitting the ISSU<br>the Patent, advance o<br>rwise in Block 1, by ( | UE FEE and PUBLICAT<br>orders and potification of r<br>a) specifying a new corres  | ION FEE (if requi<br>maintenance fees w<br>spondence address;  | ired). Blo<br>vill be ma<br>; and/or (l                           | icks 1 through 5 should to the current of indicating a separ   | ould be completed when<br>correspondence address a<br>ate "FEE ADDRESS" fo  |
| CURRENT CORRESPOND  | DENCE ADDRESS (Note: Use Bloc  | . Fee  | Note: A certificate of mailing can only be used for domestic mailings of th Feo(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |  |   |  |   |
| 400 WEST MA<br>SUITE 350  |  |  | I he<br>Stat<br>add<br>tran  | Cer<br>creby certify that the<br>ces Postal Service we<br>ressed to the Mail<br>smitted to the USP                 | tificate of<br>his Fec(s)<br>with suffic<br>I Stop IS<br>TO (571) | f Mailing or Transm<br>Transmittal is being<br>cient postage for first<br>SUE FEE address a<br>273-2885, on the da | nission<br>deposited with the United<br>class mail in an envelope<br>above, or being facsimilate indicated below. |
| BIRMINGHAM  |  |  | . []   | aura Combs   | 5   |  | (Depositor's name)  |
| 2008 HDEMESS2 000   | 00087 080385 1065  | 4768   |  | ••   |   |  | (Signature)   |
| 1501 1440.0   | O DA   |  | I  | pril 4,  | 2008  |  | (Date)  |
| APPLICATION NO.   | FILING DATE  |  | FIRST NAMED INVENTOR   |  | ATTORN  | VEY DOCKET NO.   | CONFIRMATION NO.  |
| 10/654,768 09/04/2003   |  |  | Peter J. Suttic 67,036-025;  |  |   | 25; B05756-AT6   | 6696  |
| TITLE OF INVENTION  | N: METHOD AND SYSTE  | M FOR FACILITATIN  | NG NO-BREAK POWER  | TRANSFER   |   |  | • .   |
|   |  |  |  |  |   |  |   |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE DUE  | PUBLICATION FEE DUE  | PREV. PAID ISSU  | e fee   | TOTAL FEE(S) DUE   | DATE DUE  |
| nonprovisional  | NO   | \$1440   | \$0  | \$0  |   | \$1440   | 05/05/2008  |
| EXAMINER  |  | ART UNIT   | CLASS-SUBCLASS   | ]  |   |  |   |
| DESCHERE, ANDREW M  |  | 2836   | 307-087000   | _  |   |  |   |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1,363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |  |  | (1) the names of up to<br>or agents OR, alternati<br>(2) the name of a single<br>registered attorney or  | f a single firm (having as a member a ney or agent) and the names of up to tent attorneys or agents. If no name is |   |  |   |
|   | AND RESIDENCE DATA   |  |  |  |   |  |   |
| PLEASE NOTE: Un<br>recordation as set for<br>(A) NAME OF ASSI   | lless an assignee is identifith in 37 CFR 3.11. Completing Complet | ied below, no assignee<br>etion of this form is NO                       | data will appear on the p<br>of a substitute for filing an<br>(B) RESIDENCE: (CITY   |  |   |  | cument has been filed fo  |
| Hamilton  | Sundstrand Cor   | poration   | Rockford, I  | Ľ  |   |  |   |
| Please check the appropr  | riate assignee category or c   | ategories (will not be pr  | rinted on the patent) :  | Individual 🛭 Co  | orporation  | or other private grou  | up entity Governmen   |
| 4a. The following fee(s)  ☐ Issue Fee ☐ Publication Fee (I) ☐ Advance Order -   | No small entity discount pe  | •  | b. Payment of Fee(s): (Ples A check is enclosed: Payment by credit car The Director is hereby overpayment, to Depo   | rd. Form PTO-2038  | 3 is attach   | ned.   | ٠.  |
| a. Applicant clain  | itus (from status indicated as SMALL ENTITY status   | See 37 CFR 1.27.   | ☐ b. Applicant is no lon   | ger claiming SMA   | LL ENTI   | TY status. See 37 CF   | R 1.27(g)(2).   |
| 5. Change in Entity Sta   | atus (from status indicated as SMALL ENTITY status and Publication Fee (if requirecords of the United State  | See 37 CFR 1.27.   | ☐ b. Applicant is no lon   | ger claiming SMA   | LL ENTI   | TY status. See 37 CF   | R 1.27(g)(2).   |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

33,080

Registration No.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Theodore W. Olds

Typed or printed name